

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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98 FEB 17 PM 12:00

PROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000030211 (4)**
1. Corporation Name
SUNSET MARINA KEY WEST, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**3322 RIVIERA DRIVE
KEY WEST FL 33040**

Mailing Address
**3322 RIVIERA DRIVE
KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5601 College Road Suite, Apt. #, etc.		2a. Mailing Address 26 5601 College Road Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/20/1994	
22		27		4. FEI Number 65-0484764 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23 City & State Key West, FL		28 City & State Key West, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33040 Country USA		29 Zip 33040 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GARTENMAYER, EDWARD D 3322 RIVIERA DRIVE KEY WEST FL 33040				10. Name and Address of New Registered Agent	
				81 Name Mark F. Grant PA	
				82 Street Address (P.O. Box Number is Not Acceptable) 200 East Broward Blvd Suite 1500	
				83	
				84 City Ft. Lauderdale FL 85 Zip Code 33301	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Edward D Gartenmayer* DATE: **2/13/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARTENMAYER, EDWARD D			1.2 NAME	Douglas J. Bell		
STREET ADDRESS	3322 RIVIERA DR.			1.3 STREET ADDRESS	7023 Oak Pointe Curve		
CITY-ST-ZIP	KEY WEST FL			1.4 CITY-ST-ZIP	Bloomington, MN 55438		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLEEN GARTENMAYER			2.2 NAME	Marlyn G. Erickson		
STREET ADDRESS	3322 RIVIERA DR			2.3 STREET ADDRESS	1002 W. Main		
CITY-ST-ZIP	KEY WEST FL			2.4 CITY-ST-ZIP	Rapid City, SD 57701		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham - Pres. Int'l Secretary*

CR2E034 (10/97)